NOAA Form 56-28A (8-94)

U.S. DEPARTMENT OF COMMERCE

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION NOAA COMMISSIONED OFFICER BILLET DESCRIPTION

NOAA COMMINIS	MOINED OF	FFICER BILLET DESC	ZKIFTION	
TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC		FROM: ROUTING CODE: ADDRESS:		
THRU (Liaison Officer):				
BILLET TITLE: BILLET #:		PHONE NUMBER:		
RANK REQUESTED: (0-2. 0-3, 0-4, etc.)		- (This block to be completed by liaison officer)		
GS/GM EQUIVALENT:		IS THIS A NEW BILLET:	ES NO	
_		BILLET PRIORITY: A, B		
IMMEDIATE SUPERVISOR:	TITLE:		PHONE NUMBER:	
EDUCATIONAL REQUIREMENTS:				
OTHER QUALIFICATIONS (INCLUDE PARTICULAR SECURITY CLEARANCES, SKILLS, ETC)				
GENERAL DESCRIPTION OF BILLET:				
2. DUTIES AND RESPONSIBILITIES: a. Is this a supervisory billet? YES NO				
b. If so, state number and grade of personnel supervised.	Number:	Grade(s):		

3. CAREER DEVELOPMENT OPPORTUNITIES:	
4. ADDITIONAL COMMENTS:	
SIGNATURE OF SUPERVISOR:	DATE: